

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90019 034 \*\*\*150.00

**DOCUMENT # V13095**

1. Entity Name

RANDY STEEN ALUMINUM PRODUCTS, INC.



Principal Place of Business

3300 S CONGRESS AVE  
8-6  
BOYNTON BEACH FL 33426  
US

Mailing Address

562 E. WOOLBRIGHT ROAD  
SUITE 127  
BOYNTON BEACH FL 33435

2. Principal Place of Business

562 E WOOLBRIGHT

Suite, Apt., #, etc.  
Suite 127

City & State  
Boynton FL

Zip  
33435

Country  
PALM BEACH

3. Mailing Address

562 E WOOLBRIGHT

Suite, Apt., #, etc.  
Suite 127

City & State  
Boynton FL

Zip  
33435

Country  
PALM BEACH



MOORE

CR2E034 (11/03)

4. FEI Number

65-0319191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEEN, RANDY M  
148 SE 25TH AVE  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name  
RANDY STEEN

Street Address (P.O. Box Number is Not Acceptable)  
1001 N.E. 2ND AVE

City  
DOLRAY BEACH FL 33444

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Randy Steen* - RANDY STEEN PRESIDENT 2-25-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEEN, RANDY M  
148 SE 25TH AVE  
BOYNTON BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Randy M Steen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04 561 762 B153  
Date Daytime Phone #